MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER **AS FILED** I"AMENDMENT 1 AMENDMENT AFTER I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ı ī <u>56</u> .70 <u>79</u> TOTAL END TOTALIND TOTAL DEP TOTALDE TOTAL TOTAL CLADAS CLAIMS

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